

AMENDMENT TRANSMITTAL LETTER				Docket No. TRB-10302/38	
Application No. 10/599,016-Conf. #3156	Filing Date September 18, 2006	Examiner B. S. Szmaj	Art Unit 3736		
Applicant(s): Landon C. G. Miller					
Invention: SYSTEM AND METHOD FOR NEUROLOGICAL INJURY DETECTION, CLASSIFICATION AND SUBSEQUENT INJURY AMELIORATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =	0	x 26.00	0.00
Independent Claims	2	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Avery N. Goldstein, Ph.D./ _____ Avery N. Goldstein, Ph.D. Attorney/Agent Reg. No.: 39,204				Dated: <u>June 3, 2009</u>	
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000					